

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq, 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943.

2. **PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.

3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. Treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.

4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	SSN	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>
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NEW MAILING ADDRESS

NUMBER, STREET, PO BOX

CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLT D	DEPARTURE DATE	EST ARR DATE
GRADE	LOCAL ADDRESS				HOME PHONE

FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

BOND #1	<input type="checkbox"/> NEW (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)	BOND #2	<input type="checkbox"/> NEW (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
BOND #3	<input type="checkbox"/> NEW (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)	BOND #4	<input type="checkbox"/> NEW (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW.)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER / EMPLOYEE

DATE